DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

Provider Inspection Summary

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Corrected

Facility Information

Facility Name: AURORA RES ALTERNATIVES INC 056 (0009944) Address: 600 N THIRD ST APT 2&3, ABBOTSFORD, WI 54405

License Status: REGULAR

Licensed/Certified/Registered 12/18/2002

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0094706 End Date: 04/11/2005 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10006376 Served 05/02/2005

Deficiencies Cited Subject Area Subject Area Verified

88.07(4)(c) FOOD PREPARED AND STORED SANITARY WAY

88.10(3)(1) SAFE PHYSICAL ENVIRONMENT

Survey ID: 0090991 End Date: 09/04/2003 Type: OTHER Purpose: VERIFICATION VISIT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10006444 Served 09/11/2003

Deficiencies Cited Subject Area Subject Area Corrected

88.07(3)(d) MEDICATION- WRITTEN ORDER 09/17/2003 Yes

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